



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
**COLLECTION SERVICES BOARD**  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1155  
(615) 741-1741 FAX (615) 253-1179  
[www.tn.gov/commerce/boards/collect](http://www.tn.gov/commerce/boards/collect)

335 10 03501

Agency Name and Address

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**Remit to:** Department of Commerce and Insurance  
Tennessee Collections Service Board  
500 James Robertson Parkway  
Nashville, TN 37243-1155

**YOUR LICENSE TO OPERATE AS A COLLECTION SERVICE AGENCY IN TENNESSEE EXPIRES ONE YEAR FROM DATE OF ISSUANCE. RETURN THE ATTACHED APPLICATION PROMPTLY TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE THE EXPIRATION DATE OF THE LICENSE.**

**FAILURE TO SUBMIT YOUR APPLICATION WILL RESULT IN THE NON-RENEWAL OF YOUR LICENSE. IF YOUR LICENSE IS NOT RENEWED, A NEW APPLICATION WILL BE REQUIRED.**

Your renewal application will not be considered unless it is complete, properly signed and notarized where indicated. A penalty fee of \$100.00 will be assessed for a period of sixty (60) days following the expiration date.

ENCLOSE WITH YOUR APPLICATION THE FOLLOWING:

1. Correct fee of \$ 350.00
2. \$25.00 for each solicitor's card
3. Application - signed and notarized
4. Surety Bond

1-4 employees	\$15,000
5-9 employees	20,000
10 or more employees	25,000
5. Balance Sheet – prepared by the manager and/or owner. **No application will be considered unless the financial information is on the Collection Services Board's provided form.**
6. Proof of business tax. (Tennessee based agencies only).



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**RENEWAL APPLICATION FOR COLLECTION SERVICE LICENSE**

**FEES:** License Fee- \_\_\_\_\_  
Number of Solicitor's Card(s) \_\_\_\_\_ (\$25.00 each)  
Penalty \$100.00 AFTER Expiration of License  
Total Enclosed: \_\_\_\_\_

**ENCLOSE THE FOLLOWING WITH THE COMPLETED APPLICATION:**

Bond or letter of credit \_\_\_\_\_  
Balance Sheet \_\_\_\_\_  
Proof of Business tax (Tennessee based agencies only)

Collection Agency Name \_\_\_\_\_ License Number \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Full Address (including P. O. Box) \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number (including area code) \_\_\_\_\_  
Location Manager \_\_\_\_\_ License Number \_\_\_\_\_

DO YOU AFFIRM THAT THE ABOVE COLLECTION AGENCY MAINTAINS A SEPARATE FIDUCIARY OR TRUST ACCOUNT WITH SUFFICIENT FUNDS AT ALL TIMES TO DISBURSE SUCH ACCOUNTS AS DUE TO ALL CLIENTS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NO, PLEASE EXPLAIN \_\_\_\_\_

NAME AND ADDRESS OF FIDUCIARY OR TRUST ACCOUNT IS LOCATED:

I CERTIFY THAT THIS AGENCY HAS OR WILL HAVE THE FOLLOWING NUMBER OF EMPLOYEES:

A. 1 - 4 \_\_\_\_\_ B. 5 - 9 \_\_\_\_\_ C. 10 OR MORE \_\_\_\_\_

**Instructions: Please complete affidavit on the second page of this form. The second page of this form must be signed and notarized for this renewal to be considered complete.**

## AFFIDAVIT

In compliance with the Tennessee Code Annotated, Title 62, Chapter 20, this application is submitted for a license to operate as a collection agency in the State of Tennessee.

I certify that I have read this Act and am thoroughly familiar with the contents. Under penalties of perjury, I declare that all statements made herein are for purposes of including the issuance of a license and that all questions have been answered and all accompanying documents have been stated to the best of my knowledge and belief are true, correct and complete in every aspect.

\_\_\_\_\_  
TYPE OR PRINT YOUR NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
LOCATION MANAGER

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
LOCATION MANAGERS SIGNATURE

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notary Seal/Stamp)

Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

## FINANCIAL STATEMENT

DATE OF STATEMENT \_\_\_\_\_

### **ASSETS**

CURRENT ASSETS:

\_\_\_\_\_

CASH IN BANK (TRUST ACCOUNT) \$ \_\_\_\_\_

NAME OF BANK OR FINANCIAL INSTITUTION

CASH IN BANK (OPERATING ACCOUNT) \$ \_\_\_\_\_

NAME OF BANK OR FINANCIAL INSTITUTION

CASH ON HAND \$ \_\_\_\_\_

ACCTS. RECEIVABLE (CLIENTS) \$ \_\_\_\_\_

ACCTS. RECEIVABLE (OTHER) \$ \_\_\_\_\_

NOTES RECEIVABLE \$ \_\_\_\_\_

MARKETABLE SECURITIES \$ \_\_\_\_\_

(LOWER COST OR MARKET)

MARKET MONEY FUNDS \$ \_\_\_\_\_

OTHER ASSETS \$ \_\_\_\_\_

DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

### **TOTAL CURRENT ASSETS**

PROPERTY & EQUIPMENT \$ \_\_\_\_\_

AUTOMOBILES \$ \_\_\_\_\_

OFFICE EQUIPMENT \$ \_\_\_\_\_

LEASEHOLD IMPROVEMENTS \$ \_\_\_\_\_

LESS ACCUMULATED DEPRECIATION \$ \_\_\_\_\_

**NET PROPERTY & EQUIPMENT** \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

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### **LIABILITIES AND EQUITY**

CURRENT LIABILITIES:

ACCTS. PAYABLE (CLIENTS) \$ \_\_\_\_\_

(IF CLIENTS ARE NOT OWED ANYTHING

ACCTS. PAYABLE (OTHER) \$ \_\_\_\_\_

SO STATE AND EXPLAIN ON BACK OF

NOTES PAYABLE (SHORT TERM) \$ \_\_\_\_\_

THIS FORM)

DESCRIBE:

\_\_\_\_\_

TAXES PAYABLE \$ \_\_\_\_\_

WAGES PAYABLE \$ \_\_\_\_\_

OTHER LIABILITIES \$ \_\_\_\_\_

ITEMIZE:

\_\_\_\_\_

**TOTAL CURRENT LIABILITIES** \$ \_\_\_\_\_

EQUITY:

\_\_\_\_\_

CAPITAL STOCK	\$ _____
RETAINED STOCK	\$ _____
TREASURY STOCK	\$ _____
<b>TOTAL EQUITY</b>	\$ _____
<b>TOTAL LIABILITY &amp; EQUITY</b>	\$ _____

IF APPLICABLE FILL OUT THE FOLLOWING:

CONTINGENT LIABILITIES \_\_\_\_\_ EXPLAIN

\_\_\_\_\_  
(GUARANTOR OR ENDORSER)

LONG TERM LEASES	PAYMENT _____	TOTAL _____	MONTHLY _____
EQUIPMENT	PAYMENT _____	TOTAL _____	MONTHLY _____
PREMISES	PAYMENT _____	TOTAL _____	MONTHLY _____

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THE INFORMATION CONTAINED HEREIN TO BE HELD IN COMPLETE CONFIDENCE WITHIN THE  
TENNESSEE COLLECTION SERVICE BOARD.

(PERSONAL – PARTNERSHIP – CORPORATION)  
(CIRCLE ONE OF THE ABOVE)

NAME OF COLLECTION SERVICE \_\_\_\_\_  
FULL ADDRESS \_\_\_\_\_

STREET & ADDRESS      P.O. BOX      CITY, STATE & ZIP CODE

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**APPLICANT'S AFFIDAVIT**

I CERTIFY THE ATTACHED FINANCIAL INFORMATION TO BE TRUE AND CORRECT TO THE BEST  
OF MY KNOWLEDGE. MY PUBLIC ACCOUNTANT'S INFORMATION IS PROVIDED BELOW.

Name: \_\_\_\_\_  
CPA or PA license No.: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Manager and/or Owner's Signature

\_\_\_\_\_  
Agency Name

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*Any misrepresentation may result in denial of a new application or disciplinary action against a licensee on renewal. Please note this Board has the authority to review or investigate any information provided in this application or renewal pursuant to TCA §6220115.**